The Transition to Motherhood in Japan
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Document Version
Publisher's PDF, also known as Version of record

Publication date:
2003

Link to publication in University of Groningen/UMCG research database

Citation for published version (APA):

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Introduction

1.1 Background

Over the past few decades, Japanese women increasingly have been postponing the birth of their first child. In Japan, the mean age at first birth has increased from 25.9 in 1965 to 28.3 in 2002 (National Institute of Population and Social Security Research, 2003b; Asahi Newspaper, 6/6/2003). And also in other industrialised, mainly Northern and Western European countries, women are having their first child at ever higher ages. In the Netherlands, the mean age at first birth has increased from 25.2 in 1975 to 28.6 in 2000, in Italy it is 28.7 (1997), and in Germany it is 28.0 (1999) (Council of Europe, 2001).

The postponement of first birth is an important phenomenon since it is largely responsible for the decrease in fertility to very low levels in some industrialised countries. By postponing their first birth, women significantly shorten their fertility career, consequently limiting the total number of children they can possibly have. In addition, women who postpone their first birth may well end up without children, either by choice or by circumstance. It was recently reported in the Christian Science Monitor dated 11 July 2002, for instance, that in Germany one-third of young women remain unmarried and are childless today (De Pommereau, 2002).

Total fertility (TFR) in Japan has dropped from 2.14 in 1965 to 1.32 in 2002, while in the Netherlands, by comparison, the TFR has dropped from 3.04 in 1965 to 1.72 in 2002. Other low-fertility countries, such as Italy and Spain, record even lower TFRs (1.2). In the Japanese case, as far as the cohort TFR is concerned, it has been projected that Japanese women of the 1980 birth cohort will have a TFR between 1.38 and 1.85 (Takahashi et al., 1999). In 2002, a record low number of births was recorded in Japan, “the lowest annual figure since the government started publishing the nation's vital statistics in 1899” (Asahi Newspaper, 6/6/2003).

This low fertility and the postponement of first birth, combined with high life expectancy, have several important consequences for society. Japan's life expectancy is the world's highest. Life expectancy at birth was reported to be 78.1 for males and 84.9 for females in the year 2001. The result is an unbalanced population structure, resulting in a rapidly ageing or greying society. In Japan, the proportion of the population above 65 years has reached 17.9 percent in 2001 (0-14: 14.4 percent; 15-64: 67.7 percent) and is expected to reach 35.7 percent in 2050. The old-age dependency ratio, those aged over 65 as a percentage of the productive population, was already 26.5 percent in 2001 (National Institute of
A comparison with the Netherlands

Population and Social Security Research, 2003a). And assuming a medium projection, it is expected that Japan's population will drop from a peak of 127.8 million in 2007 to 100.5 million in 2050 (Takahashi, et al., 1999).

While other Western European countries are experiencing similar problems, what is particularly worrying in Japan is the speed of the process. Where Western European countries took 100 years to double the percentage of their population aged 65 and over, this only took 30 years in Japan (from 7.1 percent in 1970 to 17 percent in 2000) (National Institute of Population and Social Security Research, 2003a; EIU Country Profile, 2002). This ageing of industrialised countries also has long-term geopolitical, economic and environmental effects at the international level. According to an article in the New York Times dated 8 March 2003, ageing regions and countries such as Europe and Japan are expected to lose population and political power compared to countries such as China and India. Developing countries, because of their demographic surplus, will perform relatively better economically than ageing industrialised countries (Wattenberg, 2003).

Countries respond to the problem of ageing with various policies. A first set of 'indirect' policies tries to address and alleviate the consequences of low fertility. They try to rationalise health care systems, build up pension reserves in anticipation of the retirement of baby boomers, reduce pension benefits, encourage individuals to save for their own retirement, increase retirement ages, increase working hours, increase labour productivity, increase labour force participation, and increase immigration or grant nationality more easily to established migrants. Immigration, for instance, is a thorny issue in most industrialised nations, with the exception of the U.S. or Canada, as reported in The Economist (11/3/2001 and 12/7/2002).

A special set of policies focuses on women. Governments are anxious that women should have more children while at the same time participate to a larger extent in the labour market. A good example is the package of pro-family measures, costing up to €1.2 billion ($1.3 billion) a year, which has been announced recently in France and described in The Economist (3/5/2003). Compared to other industrialised countries the TFR in France is not that low (1.89 in 2000, Council of Europe, 2001), which means that measures therefore do not seem that urgent, while at the same time, the government is already running a large budget deficit of 3.7 percent of its GDP this year, which means that measures therefore seem to be quite unaffordable. Nevertheless, the government will implement a system of 'birth bonuses', provide increased allowances during maternity leave to help women stay at home, and create 20,000 crèche places to encourage mothers to go to work.

Provision of day care is perhaps the most important but also the most difficult policy measure which governments can implement to stimulate both higher birth rates and increased female labour force participation. For instance, only 29 percent of French children below age 3, and only 10 percent of such German children, have access to day care, compared to 52 percent in the United States (De Pommereau, 2002). These countries clearly have a long way to go, then. Japan is also finally moving into this direction with measures ensuring better
1.2 Research question and approach

This study is about the extent of and reasons for the postponement of first birth in Japan. And in order to answer this research question, the nature of the Second Demographic Transition in Japan will be assessed. So our research objective is twofold. The first objective is to document the postponement of first birth in Japan and compare this with the Netherlands. The age at first birth (the extent of postponement of first birth) is studied by using micro-data of fertility surveys from these two countries: the 10th Japanese National Fertility Survey (JNFS92) and the Netherlands Fertility and Family Survey (OG98). The second objective is to explain the reasons for postponement of first birth taking an approach which is multi-level (macro-micro perspective, and process-context and life-course approaches), comparative (comparing with the Netherlands) and historical (cohort and period), and linking this with the study of the Second Demographic Transition, which is explained below.

This study will argue that the behaviour of the individual is influenced by the context in which he/she lives and is situated (Coleman’s methodological individualism perspective (1990) and the process-context approach (de Bruijn, 1999)), as well as his/her personal background (life-course approach (Giele and Elder, 1998)). The context is multi-dimensional and consists of institutions. These institutions embody information, namely normative and interpretive rules (Hargreaves, 1980). These rules solidify in a knowledge structure or cognitive scheme in the individual (d'Andrade, 1992). These cognitive schemes are essentially “the things at work inside people’s heads” (Preston, 1986, p. 189). Behaviour is influenced not only by the context but also by the individual’s personal background and personal experiences. In order to achieve ultimate goals, the individual formulates individualised lower and higher instrumental goals in the different domains of life. While ultimate goals are shared across societies, the lower and higher instrumental goals that the individual can aim for are society-specific. This point will become clear in Chapter 2.

A first major component of this study then is of a macro or aggregated level nature and consists of a careful description of the changing 'context' in its three dimensions paying attention to economic development, female educational attainment, female labour force participation; systems of family, marriage and motherhood, and institutions and rules connected to them; and technology. This description draws on existing literature, time series, and expert opinion interviews. To better understand why postponement of first birth is now taking place in Japan, a historical approach is taken here, in recognition also of the 'cohort specificity' of the degree of incompatibility between work and marriage and motherhood. A distinction will be made between 4 different periods in Japan's post-war history. At the same time, to effectively show the specificity of Japan (see Chapter 5 of this study), a comparative approach with the Netherlands is taken in this study. It is important to understand, as will be explained in detail in Chapter 2, that the family system (Blossfeld, 1995) of the Netherlands is more liberal than that of Japan, but not that liberal at the European level. More specifically,
while the Netherlands is culturally progressive, it is structurally lagging (Liefbroer and Corijn, 1999). This comparative approach will be maintained wherever possible: to explain indicators in Chapter 4, and the quantitative analysis shown in Chapters 6 to 8.

A second major component of this study is of a micro or individual level nature and consists of an analysis of individual choice processes, inherited in the so-called ‘cognitive scheme’ (d’Andrade, 1992) and individual behaviour. These are captured through the so-called life-course approach (Giele and Elder, 1998). This will allow us to answer the question how the individual, based upon personal background and context, which contains three different dimensions (explanatory framework of Second Demographic Transition, van de Kaa, 1988), makes decisions and arrives at a certain behaviour. The life-course approach entails the combination of both quantitative and qualitative research methods. The quantitative research method takes the format of the life-history approach. The life-history approach shows factual information on women's life course based on state transitions and sequences of states related to partnership and first-birth state. Single-state life table, multi-state life table, and pathway approaches will be adopted on the basis of two fertility surveys. The JNFS92 has been made available by the Japanese National Institute of Population and Social Security Research and the OG98 micro data file by the Scientific Statistical Agency (WSA) of the Netherlands Organisation for Scientific Research (NWO) (see discussion in Chapter 3). The results are discussed in Chapters 6 to 8. The qualitative research method engages the life-story approach. The life-story approach tries to interpret why women in Japan postpone having their first birth taking into account their mental representations of processes associated with their behaviour concerning partnership and first birth. Via a description of ‘My world’ and ‘My choice’ we profile the respondent, who has been influenced by the partner and the parents. The respondents’ perception of their mother’s life course is conceptualised to constitute an important input into the cognitive schemes of the respondents. An analysis is conducted on the basis of focus group discussions and is presented in Chapter 9.

Lastly, in order to understand the extent of and reasons for postponement of first birth in Japan, and compare this with the Netherlands, we try to ascertain whether indeed one can also speak of a Second Demographic Transition in Japan, and whether, if this is the case, that transition is of the same nature. SDT indicators and explanation are studied in Chapters 4 and 5. A description is provided of the context and an integrated explanation of the postponement of first birth is presented in Chapter 5 and again comparisons are made with the Netherlands.

1.3 Structure

This book is organised in 10 chapters. In Chapter 2, a theoretical framework is developed to provide the basis for the remainder of this study. This theoretical framework will bring together Second Demographic Transition theory (Lesthaeghe and van de Kaa, 1986; van de Kaa, 1987, 1988 and 1997; Lesthaeghe and Surkyn, 1988) and the process-context approach.
employment conditions, flexible day care facilities, and maternal and child health including information and research subsidies for fertility treatments (Asahi Newspaper, 23/7/2003).

The implementation of such policy measures to boost the birth rate, however, assumes that the reasons for the postponement of first birth in Japan, and for that matter elsewhere, are well understood. This is not entirely the case. The drop in fertility below replacement level is a complex issue. On the one hand, there is a growing group of women who declare that they do not want to have children, as recently reported in the weekly magazine of the Dutch newspaper Volkskrant (Halberstadt, 2003). On the other hand, women who do want to have children often regard two to be the ideal number of children (Backrach, 2001). But Backrach, in referring to van de Kaa (1998), also reports an important gap between fertility preferences and fertility behaviour: "It is clear that, at least to this point, this value shift (toward postmodernism) has not affected aggregate fertility preferences; but it has affected reproductive strategies – the way in which people fit childbearing into their lives. Because some of these strategies tend to fall short with respect to achieving fertility preferences, it has affected fertility itself" (p. 337). For the latter group, however, what matters most is timing. They want to have their children at a later age, with the above-mentioned consequences.

That what matters is timing is supported by evidence on contraception rates, abortion rates, and rates of medically assisted conceptions. As far as abortion is concerned, in France, where contraceptive pill use is widespread, 220,000 foetuses are reportedly aborted annually (Jolivet, 2002). In Japan, where contraceptive pill use is not widespread, 340,000 foetuses are reportedly aborted annually (Maternal Health and Body Statistics, 2000) with the real number usually assumed to be three times the reported number (Coleman, 1983; Jolivet, 1997). As far as medically assisted conceptions are concerned, births resulting hereof account for 1 percent of live births in the Netherlands (De Jong and Steenhof, 2000).

As will be explained in detail in Chapter 2, the scientific literature has not fully identified the reasons for the increasing postponement and decreasing prevalence of marriage and motherhood. A basic reference point is Becker’s hypothesis (1981) on the negative impact of female educational attainment and labour force participation on the timing and prevalence of marriage and motherhood. It has been found, however, that the impact of female educational attainment and labour force participation is highly society- and cohort-specific (Blossfeld, 1995; Liefbroer and Corijn, 1999) depending as it does on the degree of incompatibility between work and marriage and motherhood, and the underlying family system, which evolves over time and differs by country.
(de Bruijn, 1999), in line with Coleman's methodological individualism (1990), and the life-course approach (Giele and Elder, 1998). The concept of human agency is emphasised. In Chapter 3, the data and method used in this study will be discussed in detail. In Chapter 4, an overview is provided of demographic indicators in Japan and the Netherlands to establish whether indeed a Second Demographic Transition has also taken place in Japan and what the nature is thereof. Chapter 5 provides a description of the context and an integrated explanation of the postponement of first birth in Japan and also discusses the characteristics of SDT in Japan based on expert opinion interviews, literature review and times series data. Chapters 6 through 9 support this integrated explanation. Chapters 6 through 8 are quantitative chapters, namely using the life-history approach. Chapter 6 shows the results of single-state life table analyses, focusing on age at first birth, age at first marriage, duration between marriage and first birth and the role of education by birth cohort. Chapter 7 shows the results of multi-state life table analyses and constructs the average life course of women in two different cohorts among Dutch and Japanese women. Chapter 8 presents the results concerning the sequences of states of living arrangement and partnership for Dutch women and those on partnership among Japanese women. Chapter 9 discusses why women postpone first birth in Japan by making use of the theoretical framework (comparative, historical and cohort approach) and focus group discussions. Chapter 10 draws conclusions. This chapter concludes with important findings, limitations, and implications for future research.